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REPORT OF RECEIPTS SECTETARY OF THE SENATE

FORM 3		SISBURSEMENTS Authorized Committee OCT 17 AM 11: 56 Office Use Only
NAME OF COMMITTEE (in	TYPE OR PRI	Example: If typing, type 12FE4M5 over the lines.
BRIAN HERR	FOR SENATE	<u> </u>
ADDRESS (number and		
Check if different than previou	erent BEVERLY	URVE SOLUTIONS 1 MA 01915 1 1 1 1 1 1 1 1 1
reported. (AC	ATION NUMBER ▼	CITY STATE ZIP CODE
C 000556324	4	3. IS THIS NEW AMENDED REPORT (N) OR (A) STATE ▼ DISTRICT
(a) Quarterly Re	PORT (Choose One) ports: Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)
October	15 Quarterly Report (Q3)	Election on State of
January	31 Year-End Report (YE)	(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Terminati	on Report (TER)	Election on State of
5. Covering Period	M M D D D 08 21	2014 through 09 30 2014
I certify that I have examined this Report and to the best of my knowledge and belief it a true, correct and complete. Type or Print Name of Treasurer BRADLEY CRATE		
Signature of Treasurer BRADLEY CRATE Date Date Date		
NOTE: Submission of fa	alse, erroneous, or incompl	polete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3 (Revised 02/2003)